



Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Liberty Home Care	
All prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed:		Case Number	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:		Case Number:	Date Filed:
District		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g. forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made part of this petition		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by §342(b) of the Bankruptcy Code <u>John Macron, Macron & Cowhey, P.C.</u> <u>05/24/2010</u> Signature of Attorney for Debtor(s) Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes and Exhibit C is attached and made a part of this petition <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made part of this petition			
Information Regarding the Debtor-Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this district			
Statement by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence (If box checked, complete the following) Name of landlord that obtained judgment: Address of landlord: <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification (11 U.S.C. & 362(1)).			



Voluntary Petition (This page must be completed and filed in every case)	Name of Debtor(s): <u>Liberty Home Care</u>
Signatures	
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11 United States Code. understand the relief available under each such chapter, and choose to proceed under chapter 7 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by §342(b) of the Bankruptcy Code I request relief in accordance with the chapter title 11, United States Code specified in this petition <u>X Liberty Home Care Nurses Emp. Ag. I</u> Signature of Debtor <u>X</u> Signature of Joint Debtor Telephone Number (If not represented by attorney) _____ Date <u>05/24/2010</u>	Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition (Check only one box) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by §1515 of title 11 are attached <input type="checkbox"/> Pursuant to §1511 of title 11 United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached <u>X</u> (Signature of Foreign Representative) (Printed Name of Foreign Representative) <u>05/24/2010</u> Date
Signature of Attorney <u>X John Macron, Macron & Cowhey, P.C.</u> Signature of Attorney for Debtor(s) Printed Name of Attorney for Debtor(s) Marilyn Cowhey Macron Firm Name Macron & Cowhey, P.C. Address 257 Beach 116th Street Rockaway Beach, NY 11694 Telephone Number 718-474-0111 Date 05/24/2010 <small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small>	Signature of Non-Attorney Bankruptcy Petition Preparer I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in U S C §110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U S C §§110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U S C §110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor as required in that section Official Form 19B is attached Printed Name and title, if any of Bankruptcy Petition Preparer Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer) (Required by 11 U S C §110) Address <u>X</u> Date 05/24/2010 Signature of Bankruptcy Petition Preparer or officer, principal, responsible person or partner whose social security number is provided above Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document attach additional sheets conforming to the appropriate official form for each person <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110, 18 U.S.C. §156.</i>
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition <u>X Christine Persaud, President</u> Signature of Authorized Individual Christine Persaud, President Printed Name of Authorized Individual Title of Authorized Individual Date <u>05/24/2010</u>	



UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF NEW YORK

In re: Liberty Home Care

Debtor(s) Case No.

(If known)

EXHIBIT "C" If, to the best of the debtor's knowledge, the debtor owns or has possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety, attach this Exhibit "C" to the petition

EXHIBIT "C" to Voluntary Petition

1. Identify and briefly describe all real or personal property owned or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

NONE

2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):



Form B4W (12/07)

BlumbergExcelsior Inc Publisher: NYC 10013

UNITED STATES BANKRUPTCY COURT
Liberty Home CareEASTER DISTRICT OF NEW YORK
Debtor(s) Case No**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. §101(30) or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian such as 'A B a minor child by John Doe, guardian.' Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

(1) NAME OF CREDITOR AND COMPLETE MAILING ADDRESS INCLUDING ZIP CODE	(2) NAME, TELEPHONE NUMBER AND COMPLETE MAILING ADDRESS, INCLUDING ZIP CODE OF EMPLOYEE, AGENT, OR DEPARTMENT OF CREDITOR FAMILIAR WITH CLAIM	(3) NATURE OF CLAIM (trade debt, bank loan, government contract, etc)	(4) C U S D	(5) AMOUNT OF CLAIM (If secured also state value of security)
Internal Revenue Service 1 Lefrak City Plaza 59-17 Junction Blvd Corona, NY 11368			D	487,979.91
NY State Dept Tax and Financ. Bankruptcy Section PO Box 5300 Albany, NY 12205-0300			D	75,000.00
JP Morgan Chase Bank, N.A. 501 Mamaroneck Avenue White Plains, NY 10605			D	51,145.68
State of NY- Dept of Labor 138-60 Barclay Avenue Flushing, NY 11355			D	24,775.00
Law Offices of Tenzer & Luni 1775 Broadway, Suite 608 New York, NY 10019			D	
Bruce Frankenberg, Marshal City of New York 205-07 Hillside Ave, Room 29 Hollis, Queens, NY 11423			D	
Ann Samoleski Michael A. Cervini, Esq. 40-24 82nd Street Jackson Heights, NY 11372			D	

"(4) C U D S - If contingent, enter C; if unliquidated, enter U; if disputed, enter D; if subject to setoff, enter S

* Value of secured portion of claim



Form B4W (12/07)

BlumbergExcelstor Inc. Publisher NYC 10013

Liberty Home Care

Debtor(s) Case No

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
SIGNATURE PAGE**

Date: 05/24/2010

Liberty Home Care Nurses Emp. Ag. Inc.
Debtor

Date: 05/24/2010

Co-debtor